

INSTRUCTIONS TO COMPLETE DARPA 37:

NOTE 1: A DARPA Badge will NOT be issued until a signed "Security Clearance Notification" or "Visit Certification" is received by DARPA SID from the individual's Security Office. The DARPA Form 37 is required for an initial badge or when there is a change of clearance status, employment status or DARPA sponsor.

- ITEM 1.** Originating DARPA Office/Point of Contact
- ITEM 2.** Director, SID, approves ALL badge requests prior to the DARPA Badge Office, SID, issuing the badge.
- ITEM 3.** Issuing Office, DARPA Badge Office, SID
- ITEMS 4a - c.** Individual's full given name (to include prefix and suffix).
- ITEM 4d.** Individual's social security number
- ITEM 4e.** Employment Type (*Select One*) Contractor Off-Site; Contractor On-Site; DARPA Civilian; DARPA IPA; DARPA Military; Other (Engineers and Maintenance); US Civilian Off-Site; US Civilian On-Site; US Military Off-Site; US Military On-Site.
- ITEM 4f.** Individual's Date of Birth
- ITEM 4g.** Individual's Place of Birth
- ITEM 4h.** US Citizenship
- ITEM 4i.** Gender (*Male or Female*).
- ITEM 4j.** Physical Address
- ITEM 4k.** Corporate name and business address. (*Note: Military on loan should indicate their unit of assignment; US Government, IPA, and others on loan should indicate their home organization.*)
- ITEM 4l.** Physical Phone Number
- ITEM 4m.** Corporate Phone Number
- ITEM 5a.** Type of Nomination (*Select One*); Change of name; Change of office; New or Replacement.
- ITEM 5b.** If replacement, fill in name of person being replaced.
- ITEM 5c.** Type of Badge requested (*Select One*) DARPA Employee; Off-Site Contractor; On-Site Contractor; Off-Site US Government, or On-Site Government; Other (Engineers and Maintenance). (*Note: Definitions below*)

DARPA: White-background (picture) badge with DARPA logo, no escort required; issued to DARPA employees (including IPAs). Holders of these badges are authorized to escort visitors.

On-Site US Government: White-background (picture) badge with sponsor's office symbol, no escort required; issued to US government personnel who are on loan to DARPA via MOA or assigned to a Joint Program Office. Holders of these badges are authorized to escort visitors.

Off-Site US Government: Blue-background (picture) badge with sponsor's office symbol, no escort required; issued to US government personnel who only require periodic access to DARPA facilities. Holders of these badges are NOT authorized to escort visitors within DARPA controlled space.

On-Site Contractor: Yellow-background (picture) badge with sponsor's office symbol, no escort required; issued to DARPA support contractors who work within DARPA controlled space on a daily basis. Holders of these badges are authorized to escort visitors.

Off-Site Contractor: Red-background (picture) badge with sponsor's office symbol, no escort required; issued to DARPA support contractors who require periodic access to DARPA facilities. Holders of these badges are NOT authorized to escort visitors within DARPA controlled space.

ITEM 5d. Complete page 2, "Areas of Access Required". (Note: If you are completing this form manually from DARPA's external web site, the DARPA POC will add this page as appropriate.)

ITEM 5e. Select the special area (*if any*) where the individual requires additional access. Complete page 3, "Areas of Special Access Required". (Note: If you are completing this form manually from DARPA's external web site, the DARPA POC will add this page as appropriate.)

NOTE 2: When access is required by another DARPA office to any of the "Special Areas," you are required to obtain signature approval from the Director, IRD; and/or Director, F&A prior to submitting the DARPA Form 37 to the Office Director for approval (item 8).

ITEMS 6a - b. In order to have a badge approved for longer than one year, it is very important to specify contract end dates for contractors and end dates for US government personnel.

ITEM 7. If contractor, explain what the task assignment is. If Government, indicate job title and function.

ITEM 8a. Coordination and approval is authorized by the Office Director or designated representative.

ITEM 8b. Signature of Office Director or Designated Representative

ITEM 8c. Telephone Number

ITEM 8d. Date of Request

ITEMS 9a - d. To be completed only by individual's security officer or facility security officer. (*If SCI is checked in item 9c and it's held by another SSO other than DIA, you need to request your SSO to perm cert your SCI access to "SSO DIA pass to DARPA."*)

ITEMS 10a - c. To be completed by DARPA/SID and DARPA Badge Office.

(1) UPON SIGNATURE, SUBMIT TO DARPA SID FOR APPROVAL. (2) SID FORWARDS REQUEST TO THE DARPA BADGE OFFICE FOR PROCESSING. (3) THE DARPA BADGE OFFICE CONTACTS THE INDIVIDUAL WHEN REQUEST IS APPROVED.



DEFENSE
ADVANCED
RESEARCH
PROJECTS
AGENCY

DARPA BADGE REQUEST

| | | | |
|--|---|-------------------|--|
| 1. FROM: (Originating Office & Point of Contact) | 2. THROUGH: Director, SID 3701 N. Fairfax Drive Arlington, VA 22203-1714 | SID's Initials | 3. TO: DARPA Badge Office, SID 3701 N. Fairfax Drive Arlington, VA 22203-1714 |
| | | Coordination Date | |

4. PERSONAL INFORMATION ON INDIVIDUAL WHOM ACCESS IS BEING REQUESTED

| | | | | | |
|-------------------------------|---|-----------|--------|--------------------------------------|----------------------------|
| a. Prefix | b. Name (Last, First, MI.) | c. Suffix | d. SSN | e. Employment Type (Select One) | |
| f. Date of Birth (YYYY/MM/DD) | g. Place of Birth (City & State, or City, Province & Country) | | | h. US Citizenship (Choose Yes or No) | i. Gender (Male or Female) |

| | |
|--|--------------------------------------|
| j. Physical Address (Include Building Name, Floor, Room No., etc.) | k. Corporate Name & Business Address |
|--|--------------------------------------|

| | |
|---------------------------|------------------------------------|
| l. Physical Phone Number | m. Corporate Office Phone Number |
| n. Physical Email Address | o. Corporate Office E-mail Address |

5. TYPE OF NOMINATION, BADGE TYPE, AND SPECIAL ACCESSES REQUESTED

| | | |
|--|-------------------------------|--|
| a. Type of Nomination (Select One) | c. Type of Badge (Select one) | d. Areas of Access Required (Complete page 2) |
| b. If replacement, fill in name of person being replaced | | e. Special Areas of Access Required (See instructions) |

6. PERIOD OF ISSUE

| | | | | |
|------------------------------|--------------------------|------------|---------------------------------|----------|
| a. For Contractor Personnel: | | | b. For US Government Personnel: | |
| Contract Number | Contract Expiration Date | Start Date | Start Date | End Date |

| |
|--|
| 7. JUSTIFICATION: (If contractor, explain what the individual will do. If Government, indicate job title and function) |
|--|

8. APPROVALS

| | | | |
|---|--------------------------------|---------------------|----------------------|
| a. Office Director's Typed Name & Title | b. Office Director's Signature | c. Telephone Number | d. Date (YYYY/MM/DD) |
|---|--------------------------------|---------------------|----------------------|

9. TO BE COMPLETED BY YOUR GOVERNMENT / INDUSTRY SECURITY OFFICER

| | | | |
|------------------------------|----------------------|---|---|
| a. Security Clearance Status | b. Date (YYYY/MM/DD) | c. Level of Clearance (Check one) | |
| Clearance Granted By: _____ | | <input type="checkbox"/> Interim Secret | <input type="checkbox"/> Secret |
| Type of Investigation: _____ | | <input type="checkbox"/> Interim Top Secret | <input type="checkbox"/> Top Secret |
| Date Investigation Initiated | | <input type="checkbox"/> Interim SCI | <input type="checkbox"/> SCI (See Instructions) |

| | | |
|---|-----------|-------|
| d. Verification of Clearance (Certification must be by the Government/Industry Security Officer.) | | |
| _____ | _____ | _____ |
| Printed Name / Phone Number | Signature | Date |

10. TO BE COMPLETED BY DARPA BADGE OFFICE, SID

| | |
|-----------------------------------|-------------------|
| a. SID Approval (Signature) | Date (YYYY/MM/DD) |
| b. DARPA Badge Office (Signature) | Date (YYYY/MM/DD) |

| | | |
|--|--|--|
| c. Badge Number (To be assigned by DARPA Badge Office) | <div style="border: 1px solid black; width: 150px; height: 20px;"></div> | Protect in Accordance with the Privacy Act of 1974 |
|--|--|--|

AREA(S) OF ACCESS REQUIRED TIME ZONES/ACCESS LEVELS

To be completed by DARPA Badge Office

Badge No.

Name: _____

(As listed in Item 4a.)

The following time schedules have been established:

- | | |
|--|------------------------------|
| (1) DARPA/IPA Employees, On-Site Contractors / US Government | 24 Hours/7 Days a Week |
| (2) Off-Site Contractors / US Government* | 6 a.m. to 6 p.m. (Mon - Fri) |

*If access is required to another office other than your sponsor's area, please provide justification:

Please indicate with a check mark specific areas for which access is required.

| 3701 N. Fairfax Drive | | |
|-----------------------|---------------------------|-----------|
| | 10 WEST | SPO |
| | 10 EAST | SPO |
| | 10 COMPUTER PRINTOUT ROOM | |
| | 9 SOUTH | COMP/DIRO |
| | 9 WEST | COMP/DIRO |
| | 9 NORTH | GC/DIRO |
| | 9 EAST | DIRO |
| | 8 SOUTH | TTO |
| | 8 WEST | TTO |
| | 8 NORTH/EAST | TTO |
| | 7 SOUTH | IPTO |
| | 7 WEST | |
| | 7 NORTH | |
| | 7 EAST | IPTO |
| | 6 SOUTH | IAO |
| | 6 WEST | IAO/IXO |
| | 6 NORTH | IXO |
| | 6 EAST | IAO/IXO |
| | 5 SOUTH | DSO |
| | 5 WEST | DSO/MTO |
| | 5 NORTH | MTO |
| | 5 EAST | DSO/MTO |
| | 4 SOUTH | CMO |

| 3701 N. Fairfax Drive, Continued | | |
|----------------------------------|-----------|-------------------|
| | 4 WEST | CMO |
| | 4 NORTH | ASC/Library/LMC |
| | 4 EAST | FA/CMO |
| | 3 SOUTH | FCS |
| | 3 NORTH | ATO |
| | 2 SOUTH | SID |
| | 2 WEST | HRD |
| | 2 NORTH | OMO/IRD |
| | 2 EAST | SID |
| | 1st FLOOR | IRD MAIN ENTRANCE |
| | 1st FLOOR | RSIS |
| | 1st FLOOR | CONFERENCE CENTER |

| 3803 N. Fairfax Drive | | |
|-----------------------|-------------------------|----------|
| | ENTRANCE DOOR TO BLDG. | |
| | 1st FLOOR | FCS |
| | 2nd FLOOR | IRD/RSIS |
| | 3rd FLOOR | IRD/RSIS |
| | 4th FLOOR | TTO/JLTO |
| | 5th FLOOR | COMP |
| | 510 A/B CONFERENCE ROOM | |

| 3801 N. Fairfax Drive | | |
|-----------------------|------------------|----|
| | 1st FLOOR, Rm 12 | FA |

IRD AND FA SPECIAL AREA(S) OF ACCESS REQUIRED TIME ZONES/ACCESS LEVELS

Name: _____

(As listed in Item 4a.)

To be completed by DARPA Badge Office

Badge No. _____

When access is required by another DARPA office to any of the special areas listed below, you are required to obtain Signature Approval from the appropriate Director(s), **PRIOR** to submitting this form to the Office Director for approval (Block 8).

*If access is required to another office other than your sponsor's area, please provide justification:

Please indicate with a check mark specific areas for which access is required.

| 3701 N. Fairfax Drive | |
|--------------------------|---|
| <input type="checkbox"/> | ALL <i>(All areas listed below are required.)</i> |
| <input type="checkbox"/> | 1ST FLOOR IRC ANALYST (FRONT/REAR) |
| <input type="checkbox"/> | 10TH FLOOR NOC |
| <input type="checkbox"/> | 10TH FLOOR MAIN COMPUTER ROOM |
| <input type="checkbox"/> | IRD WIRING CLOSETS (NORTH/SOUTH) |

| 3803 N. Fairfax Drive | |
|--------------------------|--|
| <input type="checkbox"/> | BASEMENT (HARDWARE STORE ROOM) <i>(Limited to IRD & designated contractors)</i> |

| 3601 N. Fairfax Drive | |
|--------------------------|---|
| <input type="checkbox"/> | 1ST FLOOR <i>(Limited to IRD & designated contractors)</i> |

Approved by Director, IRD _____ Date Approved _____

| 3701 N. Fairfax Drive | |
|--------------------------|---|
| <input type="checkbox"/> | ALL <i>(All areas listed below are required.)</i> |
| <input type="checkbox"/> | 838 WEST, MAILROOM |
| <input type="checkbox"/> | 836 WEST DOCUMENT & RECORDS MANAGEMENT ROOM |
| <input type="checkbox"/> | G1, LOGISTICS MANAGEMENT STORAGE AREA |

| 3803 N. Fairfax Drive | |
|--------------------------|--|
| <input type="checkbox"/> | BASEMENT <i>(Logistics Management Center Store Room)</i> |

Approved by Director, FA _____ Date Approved _____